

## INDIVIDUAL DEVELOPMENT ACCOUNT NEW PARTICIPANT APPLICATION

**Organization Name:** \_\_\_\_\_

**IDA Holder I.D. Number:** \_\_\_\_\_  
(Program # + SSN #)

**Note:** For evaluation purposes, this exact form must be used for all new applicants and completed in its entirety.

### PERSONAL INFORMATION

**Date of Enrollment:** \_\_\_\_\_ **Marital Status:** ☐ Single ☐ Married

**First Name:** \_\_\_\_\_ ☐ Divorced ☐ Separated

**Last Name:** \_\_\_\_\_ ☐ Widowed

**Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Highest Level of Education Completed:** (Circle) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17+

**Gender:** ☐ Male ☐ Female

**Race:** ☐ African American ☐ Caucasian ☐ Latino/Hispanic ☐ Native American  
☐ Asian/Pacific Islander

**EMERGENCY CONTACT INFORMATION** (Please provide the name and address of a relative who would know how to contact you if you move.)

**Relative Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

### HOUSEHOLD STATUS

**Number in household** (Including Participant): \_\_\_\_\_

Name(s)	Social Security Number	Relationship to Applicant	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**How many adults (18 yrs. and older) currently live in the IDA holder's household:** \_\_\_\_\_

**How many children (under 18 yrs.) currently live in the IDA holder's household:** \_\_\_\_\_

## **EMPLOYMENT STATUS**

**Current Employer Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Date Hired:** \_\_\_\_\_ **Salary:** \_\_\_\_\_

**Previous Employer Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Date Hired/Ended:** \_\_\_\_\_ **Salary:** \_\_\_\_\_

## **INCOME STATUS**

**Current Monthly Gross Income for Household:** \$ \_\_\_\_\_

(Note: The entire household income must be at or below 150% of the federal poverty guidelines)

**Sources of Earned Income:** \_\_\_\_\_

(Attach copies of income verification, i.e.: Paycheck Receipt)

**Has the participant ever been a recipient of TANF or AFDC?(Circle) YES NO**

**If yes, is the participant presently a TANF recipient?(Circle) YES NO**

## **GOALS FOR THE IDA PROGRAM**

**Purpose(s) for which the IDA is established (non-binding):**

\_\_\_\_\_ Purchase of a primary residence for participant \_\_\_\_\_ Purchase of a primary residence for a dependent

\_\_\_\_\_ Education cost for participant \_\_\_\_\_ Education cost for a dependent

\_\_\_\_\_ Employment training program for participant \_\_\_\_\_ Employment training program for a dependent

\_\_\_\_\_ Purchase of all or part of a business

**Planned savings per month for the IDA account:** \$ \_\_\_\_\_

**BENEFICIARY INFORMATION** (Note: If the beneficiary is a family member then he/she can use the participant's savings and the state's match in accordance with the IDA withdrawal rules. If the beneficiary is not a family member, then he/she can only use the participant's savings and the state's match reverts to the state)

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

# **INDIVIDUAL DEVELOPMENT ACCOUNT PARTICIPANT AGREEMENT**

The undersigned participant in the Individual Development Program administered by <INSERT CDC NAME> a community development corporation as defined at I.C. 4-4-28, agrees, as a condition to my participation in the Individual Account Program and as a condition to my access to State or tax-credit matched funds that may be deposited into my Individual Development Account as follows:

1. To participate in all training in the principles of money management, budgeting and other related topics provided or arranged for by <INSERT CDC NAME>.
2. To keep <INSERT CDC NAME> advised of any change in my address, phone number, household composition or income levels.
3. To undergo an annual evaluation and provide any information required by <INSERT CDC NAME> to use in its evaluation.
4. To authorize <INSERT BANK NAME> to send <INSERT CDC NAME> monthly account statements to monitor my savings progress.

I affirm, under the penalties for perjury, that the forgoing representations are true and complete.

---

IDA Holder

---

Date